



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JOHN ENGLER
GOVERNOR

JAMES K. HAVEMAN, JR.
DIRECTOR

September 2002

Dear Nursing Facility Provider:

The purpose of this correspondence is to serve as official notice that the October 1, 2002 date for the conversion to the national claim formats (UB-92 and ASC X12N 837), as described in the Medicaid Policy Bulletin Nursing Facilities 02-02 dated July 1, 2002, is being extended to **January 1, 2003**. NOTE: Only the implementation of the claim submission changes is being delayed. All policy changes noted in the bulletin will be implemented October 1, 2002. The Department will issue a new bulletin clarifying the schedule of changes in the near future.

Nursing facility providers are to continue using the Long Term Care Invoice and Adjustment (MSA-1073) or the MDCH proprietary electronic claim format for claims submitted through **December 31, 2002**. The 90-day delay in implementing the claim submission changes is being granted to allow nursing facility providers and their affiliated software vendors additional time for provider claim testing. Nursing facility test claims may now be submitted through November 30, 2002.

The review of nursing facility test claims submitted to date has identified several common claim completion errors. The information below highlights these problem areas and provides specific instructions to assist you in correctly completing the new claim formats. It is important that this information be shared with individuals who file your Nursing Facility claims. If you or your biller have not already participated in the claims testing process, we strongly encourage you to do so.

Electronic Claim Completion Commonly Identified Provider Test Errors (ASC X12N 837 Institutional)

- "Ref Segment" attending physician identification. Enter the enrolled Medicaid provider ID number. If not an enrolled Medicaid provider, indicate by using nine (9) "8's" as placeholders. Ex. "888888888."
- Currently there are no condition codes applicable for Nursing Facilities.
- Value Code "D3" is indicative of a patient pay amount – you must also show the "amount."

Paper Claim Completion Commonly Identified Provider Test Errors (UB-92[HCFA 1450])

- Type of bill (TOB) is important in FL 4.
- Status Code in FL22 is important as it relates to FL 4 TOB, especially when billing therapeutic &/or hospital leave days.
- Value Code (FL 39-41) "D3" is indicative of a patient pay amount & show the "amount."
- Other insurance information in FL 50 must walk across to FL 51 & provider ID, and show in FL 54 the amount of prior payment.
- FL 58 must show the "insured's name" if applicable. See FL 60, 61 & 62.
- Claim line 23 must show 0001 as the Revenue Code and the TOTAL CHARGES amount in FL 47 line 23.
- No correction tape, Whiteout, self-correcting typewriters, or correction backspace can be used.
- Applicable comments, if indicated, are to be placed in FL 84 only. No typed text elsewhere in/on the body of the UB-92 claim form.

Our goal is to assist you as much as possible in getting claims tested in a timely manner so you will be prepared for transition on January 1, 2003. If you have additional questions or concerns regarding provider testing, you may contact the following: Vicki Huff at (517) 241-8626 or e-mail: huffv@michigan.gov or Jill Forbes at (517) 335-0015 or ForbesJill@michigan.gov.

Additional training is also being provided to assist you with successful transition to the UB-92 claim format. The additional Nursing Facility UB-92 training session and registration information is attached to this letter. Please share this important UB-92 Training information with billing and/or financial staff who are responsible to prepare for conversion to the UB-92 claim format.

Cordially,

A handwritten signature in black ink that reads "Patrick Barrie". The signature is written in a cursive style with a large initial "P".

Patrick Barrie
Deputy Director
Health Programs Administration

Attachment

UB-92 Training for Medicaid Providers

NURSING FACILITIES REGISTRATION FORM

(This form may be duplicated for additional registrants)

Who Should Attend: Billers and Financial Staff

Objectives:

- Review each Form Locator (1-86) on the UB-92 claim form with the billing staff.
- Prepare each nursing facility biller for conversion to the UB-92 claim format.

Practical Application: Billers will get a chance to demonstrate their knowledge through a series of claim exercises.

PLEASE INDICATE WHICH SESSIONS YOU PLAN TO ATTEND:

- | | | | |
|------------------------------------|-------------------------------|----------------|---------|
| <input type="checkbox"/> Session E | Wednesday, September 25, 2002 | 9:00-Noon | Livonia |
| <input type="checkbox"/> Session F | Wednesday, September 25, 2002 | 1:00-4:00 p.m. | Livonia |

Name _____ NHA License # (last 4 digits) _____

Facility / Corporation _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

E-mail _____

Please fill out form completely and Fax to Fahrenheit Creative Group, Attn: Jenn (517) 347-9738

Confirmation of your registration will be sent to your attention, along with directions to the training site.
QUESTIONS? Contact Jenn at (517) 347-9733.

HCAM

Health Care Association
of Michigan

Mcmcfc

Michigan County Medical
Care Facilities Council

MAHSA

Michigan Association of Homes
and Services for the Aging

MDCH

Michigan Department of
Community Health